

City of Columbus Early Childhood Obesity Prevention Coalition

Kick-off Meeting

04/07/09

Location: Columbus Public Health
240 Parsons Ave.
Columbus, Ohio 43215

Chairperson: Autumn Trombetta

Facilitator: Cheryl Graffagnino

Attendees: David Ciccone; Deborah Eiland; Sandy Gill; Karen Gray; Christine Green; Julia Hansel; Liz Klein; Sarah Anderson; Jennifer Kuck; Abby Dickens Loechler; Jen Morel; Bob Murray; Phyllis Pirie; Barb Seckler; Mike Smeltzer; Amy Sternstein; Dawn Sweet; Valerie White; Betsy Loeb; Buhari Mohammed; Debbie Seastone; Monica Juenger; Parminder Bajwa

Meeting at-a-glance:

Consensus Achieved:

- 1) Early childhood obesity prevention begins with a pregnant woman's first contact with prenatal care providers and should encompass the woman's family and community support.
- 2) This coalition will develop a plan to target obesity prevention through a plan that facilitates kindergarten readiness from a healthy lifestyle perspective.
- 3) New draft of vision should encompass the family, relate to the target population and include a reference to healthy weight but not obesity.
- 4) BMI at entry to Kindergarten is a good measure and should be included as a goal/impact objective.
- 5) Because there are so many other factors that influence prenatal weight gain and birth weight, these two items should be approached as process objectives and/or strategies rather than as a primary outcome of the plan. (Based upon review of written feedback provided at close of meeting.)
- 6) Look for other end points to measure. Review Pediatric Nutrition Surveillance System and Prenatal Surveillance System data to identify potential goals and impact objectives in the 0-5 age range.

Next Steps:

- 1) Convene a sub-group of the coalition to draft a vision, goals and impact objectives that reflect the feedback of the greater coalition.
- 2) Columbus Public Health staff will research other end points and data sources to identify alternative goals and impact objectives.
- 3) Using feedback from coalition members, identify the best day and timeframe for future meetings and schedule standing meetings.

Agenda Item 1:*Why are we here? Obesity trends and current reality*

Autumn Trombetta presented data:

- 2007 census data estimates 84,976 children in Franklin County under the age of 5 years.
- 2005 OHF data suggests approximately 25% of children in Franklin County are overweight – suggests as many as **21,244** Franklin County Children under the age of 5 years are overweight or obese.
- Columbus City Schools Data 2007-08 school year BMI screenings
 - 4254 of 4492 students entering kindergarten in Columbus City Schools. 32% (n=1396) had a BMI at or above the 85th percentile.
 - 275 pre-k students (age 3-5 years) in target zip codes were screened. 23.6% (n=65) had a BMI at or above the 85th percentile.
- Review of negative health consequences of obesity in children.
- Review of healthcare costs associated with obesity and comorbidities.

Why are you here? Autumn Trombetta facilitated introductions of attendees.

Name	Organization
David Ciccone	United Way of Central Ohio
Deborah Eiland	CDC HeadStart
Sandy Gill	Columbus Public Health – Heart Health Network
Karen Gray	Columbus Public Health – Maternal Child Health
Christine Green	Columbus Public Health – Healthy Places
Julia Hansel	Children's Hunger Alliance
Liz Klein	OSU – College of Public Health
Sarah Anderson	OSU – College of Public Health
Jennifer Kuck	Nationwide Children's Hospital
Abby Dickens Loechler	American Heart Association
Jen Morel	Columbus Public Health – Heart Health Network
Bob Murray	Nationwide Children's Hospital
Phyllis Pirie	OSU – College of Public Health
Barb Seckler	Columbus Public Health – Institute for Active Living
Mike Smeltzer	Columbus Public Health – Div. of Planning & Peak Perf.
Amy Sternstein	Nationwide Children's Hospital
Dawn Sweet	Columbus Public Health – WIC
Valerie White	OSU Extension, EFNEP
Betsy Loeb	Action for Children
Buhari Mohammed	Columbus Neighborhood Health Clinic
Debbie Seastone	Columbus City Schools
Monica Juenger	Council on Healthy Mothers and Babies
Parminder Bajwa	Columbus Neighborhood Health Clinic

Agenda Item 2:

The Preliminary Work.

Cheryl Graffagnino presented the preliminary vision, goals and impact objectives distributed in the online survey tool.

Where did it come from?

1. Review of literature suggests a link between maternal habits prior to pregnancy and during pregnancy that may lead to an increased risk of obesity in the child.
2. Review of literature suggests a link between rapid weight gain in infancy and an increased of obesity in the child.

Online Survey Results – What did you have to say?

Compiled results of online survey tool were distributed and reviewed.

Group Discussion facilitated by Cheryl Graffagnino:

For the purposes of this coalition, when does obesity prevention start? When does it “end”?

- Infancy - teaching parents from birth
- Pregnancy – education for the mothers and 0-5 for the children

1) Reasons for starting during pregnancy

- Pregnant mothers coming into WIC have no knowledge about weight gain recommendations during pregnancy.
- Mothers think they are supposed to be eating for 2 people
- Education is very important- concept that if I don't eat, the baby will not get enough food; example: If suffering from morning sickness, mothers eat what they can (typically high fat, salt, sugar) or think they need to eat more food to make up loss from vomiting.
- Education is very important! Implementation of exercise and introduction to other soothing factors- such as massages- instead of just going to food for comfort.
- Pre-conception health - get women as healthy as they can be before they get pregnant - start education during adolescence.
 - 1/2 of pregnancies are not planned
 - Prenatal care may be delayed in an unplanned pregnancy
 - At Pregnancy Care Connection, 1 in 10 seeking prenatal care are minors. – this does not necessarily reflect all pregnancies in minors
 - Mother's smoking, nutrition, diabetes, fitness all may affect developing fetus.
- A supportive family environment is also important - include some type of family support system and education for all family members.

Participant Question?

1) Is there sufficient work being done in the area of pregnancy care and obesity right now? Pregnant women participating in WIC do receive nutrition education regarding appropriate prenatal weight gain and good nutrition for pregnancy but no other targeted programs or community efforts were identified by the coalition members.

Coalition Consensus: Early childhood obesity prevention begins with a pregnant woman's first contact with prenatal care providers and should encompass the woman's family and community supports.

- 2) Children should be independent and be able to make their own healthy food decisions upon entering kindergarten.
- Parental resources are a must – not every child can be reached through a childcare setting.
 - Include those individuals who spend a significant amount of time with children other than the parents – example: day care providers are a key audience.
 - Feeding and relationships with food develop before kindergarten
 - Nutrition and physical activity standards for childcare providers are needed.
 - Address gaps between the childcare environment and the home.
 - Address culturally specific perceptions. Many cultures believe that large babies and children are healthy. Some cultures are more tolerant of obesity in boys than in girls.
 - Children and parents need some type of education before entry to kindergarten such as how to pack lunches; healthy celebration ideas, etc.
 - School readiness from a healthy lifestyle perspective

Coalition Consensus: This coalition will develop a plan to target obesity prevention through a plan that facilitates kindergarten readiness from a healthy lifestyle perspective.

- 3) Feedback on preliminary vision
- Include a time frame- what are we shooting for?
 - Use the phrase “will have” rather than “will establish” the foundation....
 - Broaden to include parents/families
 - Helps to establish this supportive effort before birth
 - Visions tend to be far reaching
 - Group prefers the wording healthy weight rather than “obesity”
 - need to be straightforward and address weight, but need to be positive
 - Avoid use of the word “not”
 - Need a clear vision so that reader will know exactly what the goals are and who is being targeted
 - Vision is your ultimate goal/result and where do we want to go.

Coalition Consensus: New draft of vision should encompass the family, relate to the target population and include a reference to healthy weight but not obesity.

Side-discussion - Which groups are we targeting? school programs, day cares, doctors offices?
How will this plan be distributed?

- Need a comprehensive plan to be utilized by all groups
- The coalition will decide where and who

4) Feedback on preliminary goals and impact objectives – focus on measurable data

Birth weight and prenatal weight gain

- Birth weight easily measured as it is included on birth certificates
- Prenatal weight gain data is self-reported and inconsistent.
 - Difficult to capture data; Is being collected at MD visits and WIC.
 - Not everyone has prenatal care or early prenatal care.
- Birth weight, prenatal weight gain, and environment are critical factors that influence childhood obesity
 - We do not know which, if any, is the most important factor that influences this problem.
- How much does high birth weight influence?
 - Easy to measure but how long will it take to see results.
 - Mothers are starting at higher weights and are obese which is influencing the babies.

Weight at entry to kindergarten

- Research supports that infants self regulate food intake very effectively from birth to 12 months.
 - Risk of overfeeding begins when solids are introduced
- A lot of other factors influence weight: Example: overfeeding because child was small.

Other Goals and Impact Objectives:

- Are there other ways to measure success? What data is available?
- Doctors' offices, WIC office calculate BMI for ages 2-5, HeadStart programs capture entry and end of school year weight and height.
- Are other school systems doing BMI screening?

Coalition Consensus:

- 1) BMI at entry to Kindergarten is a good measure and should be included as a goal/impact objective.
- 2) Because there are so many other factors that influence prenatal weight gain and birth weight, these targets should be approached as process objectives and strategies rather than as a primary outcome of the plan.
- 3) Look for other end points to measure. Review Pediatric Nutrition Surveillance System and Prenatal Surveillance System data to identify potential goals and impact objectives in the 0-5 age range.